



City of Long Beach

562-570-6651
(INFORMATION)
FAX 562-570-6753

WORKSHEET FOR PLUMBING PERMIT

COMPLETE ONLY THOSE PARTS OF THIS FORM THAT YOU UNDERSTAND

BL-372 (10/95)

PROJECT #	PLEASE PRINT				DATE						
1. PROJECT ADDRESS (NOT MAILING ADDRESS)				SPACE NO.		ZIP CODE					
2. OWNER'S NAME		LAST		FIRST		M.I.		PHONE NO.			
3. OWNER'S ADDRESS				CITY		STATE		ZIP CODE			
4. APPLICANT'S NAME (IF SAME AS OWNER, WRITE OWNER)				LAST		FIRST		M.I.		PHONE NO.	
5. APPLICANT'S ADDRESS				CITY		STATE		ZIP CODE			
6. CONTRACTOR'S NAME (IF SAME AS OWNER, WRITE OWNER)				PHONE NO.		STATE LICENSE NO.		TYPE			
7. CONTRACTOR'S ADDRESS				CITY		STATE		ZIP CODE			
8. ARCHITECT'S NAME		LAST		FIRST		PHONE NO.		STATE LICENSE NO.		TYPE	
9. ARCHITECT'S ADDRESS				CITY		STATE		ZIP CODE			
10. ENGINEER'S NAME		LAST		FIRST		PHONE NO.		STATE LICENSE NO.		TYPE	
11. ENGINEER'S ADDRESS				CITY		STATE		ZIP CODE			
12. CONTACT PERSON								PHONE NO.			
13. CONTACT PERSON'S ADDRESS				CITY		STATE		ZIP CODE			
14. PRESENT BUILDING USE				PROPOSED BUILDING USE				TOTAL SQ. FT. OF THIS PROJECT			
15. NUMBER		TYPE OF FIXTURE OR ITEM		NUMBER		TYPE OF FIXTURE OR ITEM					
		TOILETS				DRAINS (ROOF, AREA, PLANTER)					
		BATHTUBS				TRAP PRIMER					
		SHOWERS				FIRE HOSE OUTLET					
		LAVATORY				INCERPT (GREASE, SAND, ETC.)					
		SINKS				BACKWATER VALVE					
		GARBAGE DISPOSER				SUMP PUMP					
		DISHWASHER				1½" OR LARGER WATER SYSTEM SIZE()					
		LAUNDRY TRAY				2" OR LARGER GAS SYSTEM SIZE()					
		WATER HEATER				REPAIR OF DRAINAGE PIPING					
		AUTOMATIC WASHER				HANDICAPPED FIXTURES					
		DRINKING FOUNTAIN				EJECTOR SYSTEM					
		URINAL				16. JOB DESCRIPTION					
		FLOOR DRAIN									
		FLOOR SINK									
		SUB TOTAL ABOVE FIXTURES				17. I HEREBY CERTIFY THE INFORMATION IN THIS WORKSHEET IS TRUE AND CORRECT AND THAT ALL LONG BEACH ORDINANCES AND STATE LAWS WILL BE COMPLIED WITH IN DOING THIS WORK.					
		GAS SYSTEM									
		ON LOT SEWER									
		REPIPE WATER, SERVICE ONLY				18. SIGNATURE					
		REPIPE WATER, FIXTURES									
		VACUUM BREAKER									
		HOSE BIB				19. TAKEN BY					
		SPRINKLER VALVES				ISSUED BY					
		WATER BACKFLOW DEVICE, 2" OR +2"									

FOR DEPARTMENT USE ONLY

Notify the cashier with one of the following:

- ☐ Contractor with Workers' Compensation
☐ Developer with Workers' Compensation
☐ Owner with Workers' Compensation

- ☐ Contractor without Workers' Compensation
☐ Developer without Workers' Compensation
☐ Owner without Workers' Compensation

Applicant required to update:

- ☐ City Business License ☐ Workers' Compensation Insurance Policy ☐ State Contractor's License

Note: If any license or policy has expired, the customer must bring a valid, updated, license or policy, to the Information Counter.